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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u> F	or the	2010 calendar year, or tax year beginning and endir	าg					
B c	heck if oplicable	C Name of organization		D Employer identific	ation number			
	Addres change	SEE FORWARD FUND, INC.						
	_lchange	Doing Business As		20-5	490000			
Ļ]Initial return		n/suite					
<u></u>	Termin ated	130 MAIN SIREEI		413-	<u> 582-0085 </u>			
<u>_</u>	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	640,377.			
L	Application pendin	NORTHAMPION, MA 01000		H(a) Is this a group re				
	pondin	F Name and address of principal officer W. DAVID ROSENMILLER		for affiliates? Yes X No				
		SAME AS C ABOVE	_	H(b) Are all affiliates incl				
		mpt status 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527		list (see instructions)			
		e:▶N/A		H(c) Group exemption				
			_ Year (of formation: 2006 M	State of legal domicile: DE			
Pa	rt I	Summary						
e C	1	Briefly describe the organization's mission or most significant activities $\ \ \underline{\sf SEE} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	IEDU	LE O				
Activities & Governance		Observation by Marian Control of the						
Jer.		Check this box if the organization discontinued its operations or disposed o	r more	1 _ 1				
ģ		Number of voting members of the governing body (Part VI, line 1a)		3	2			
مخ ۱۵		Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>1</u>			
ţį		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0			
ίż		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		6	0.			
Ă		Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.			
	U	Net differenced business taxable income from Form 950-1, line 54		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)	-	481,000.	354,000.			
Jue		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-14,817.	22,488.			
ď	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,183.	376,488.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		160,000.	298,250.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	}	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,214.	47,820.			
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		28,901.	51,662.			
	18	Total expenses Add lines 13-17 (must equal Part IX, cotumn (A) (This 25)		208,115.	397,732.			
	פו ו	Revenue less expenses Subtract line 18 from line 12		258,068.	-21,244.			
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,052,540.	1,078,930.			
₩ <u>₩</u>	21	Total liabilities (Part X, line 26)		159,357.	19,462.			
2	22	Net assets or fund balances Subtract line 21 from line 20 Carting 117		893,183.	1,059,468.			
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of my	y knowledge and belief, it is			
Jrue	correc	t, and complete. Declaration of preparer Jother than officer) is based on all information of which p	reparer	has any knowledge.				
\equiv		1 / 2 and Bunch		•				
Şıg	n	Signature of officer		Date 5/1 /	11,			
Her	е	W. DAVID ROSENMILLER, EXECUTIVE DIRECTOR	₹		<i> </i>			
4		Type or print name and title	l r	Date Check	DTIN			
		Print/Type preparer's name Properer's signature			PTIN			
W. DAVID ROSENMILLER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CRAIG A STEVENS CPA Properer's signature S-9-// self-employed								
Preparer Firm's name CALIBRE CPA GROUP PLC Firm's EIN								
use	Only	Firm's address 1850 K STREET, N.W.		Di	202122			
	. 41	WASHINGTON, DC 20006		Phone no. (202)331-9880			
_		RS discuss this return with the preparer shown above? (see instructions)		/ :=	X Yes No Form 990 (2010)			
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		613 2	Form 330 (2010)			

Pa	990 (2010) SEE FORWARD FUND, INC.	<u>20-5490000</u>	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	THE ORGANIZATION'S PURPOSE IS TO SUPPORT SOCIAL WELFARE		
	PRIMARILY PUBLIC EDUCATION AND ADVOCACY ON ISSUES OF SOC		
	ENVIRONMENTAL PROTECTION, CIVIL RIGHTS AND CIVIC PARTICI	PATION.	
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	,		
	THE ORGANIZATION PRIMARILY MAKES GRANTS TO PUBLIC CHARIT	IES AND OTH	ER
	NONPROFIT ORGANIZATIONS THAT WORK IN OR FOR THE BENEFIT	OF SOCIAL	
	WELFARE PURPOSES.		
		· _ -	
			_
1b	(Code) (Expenses \$ including grants of \$) (Re	venue \$	
4c	(Code) (Expenses \$including grants of \$) (Re	venue \$	
4c	(Code) (Expenses \$ including grants of \$) (Re	venue \$	
4c	(Code) (Expenses \$including grants of \$) (Re	venue \$	
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4c	(Code) (Expenses \$including grants of \$) (Re	venue \$	
łc	(Code) (Expenses \$	venue \$	
łc		venue \$	
	Other program services (Describe in Schedule O.)	venue \$	
4d		venue \$	

Form 990 (2010) SEE FORWARD FUND, INC.
Part IV Checklist of Required Schedules

	t. () Chooking of Hodairea Constants			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		 	ļ
	If "Yes," complete Schedule A	_1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		}
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	i		
	If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ŀ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	I IU		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Ì	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b				.
46	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	-	X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13	 - -	
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 -
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Ì	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	, ,			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	Ц
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		$\overline{}$		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		· •	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~~		v
04-	Schedule J	23		<u> X</u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		•
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
00	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		<u> </u>
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		I	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			l
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	4 VI Covernment Management and Displayure 5			age o
rai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	٠.		X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	55		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	The second products mornator about periods by the internal novelias code,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
	to conflicts?	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
Ŭ	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1,4		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 100		'
	List the states with which a copy of this Form 990 is required to be filed ►MA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ole for		
10	public inspection. Indicate how you make these available. Check all that apply.) C U		
	Own website Another's website X Upon request			
10	·	and for-	noisi	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public	, and fina	ncial	
~	·			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ JEFFREY ROSEN - 413-582-0085	zation.	_	
	150 MAIN ST, SUITE 26, NORTHAMPTON, MA 01060			
	130 MAIN SI, SOIIE 20, NORTHAMPION, MA U1000	Ecro	990	(2010)
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SEE FORWARD FUND, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)					(VI-	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
LINDA STOUT											
PRESIDENT AND DIRECTOR	1.00	X		Х		<u> </u>		1,105.	4,951.	0	
RICHARD HEALEY	1 00					1		_	•		
SECRETARY AND DIRECTOR	1.00	X.		Х		⊢	_	0.	0.	0	
W. DAVID ROSENMILLER	1.00			х				1,159.	16 000	•	
EXECUTIVE DIRECTOR KIMBERLY LONGEY	1.00			Λ		├		1,133.	16,089.	0	
PREASURER	1.00			х		ŀ		0.	0.	0	
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Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours per	(B) (C verage Pos						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
										-	
											
											····-
			_	-							
1b Sub-total					ļ ļ			2,264.	21,040	_	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							2,264.	21,040		0.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wh	no re				0
Did the organization list any former officer	director or tru	stee	ke	v en	nnio	Vee	or h	nighest compensated er	nnlovee on	Yes	
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	such individual			•	•	•				3	X
and related organizations greater than \$15 Did any person listed on line 1a receive or	60,000? If "Yes,	" co	mpl	ete :	Sche	edule	e <i>J f</i>	for such individual	•	4	X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	-				-		Ciat			5	Х
Complete this table for your five highest or the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comper	nsation from	
(A) Name and busines	s address							(B) Description of s	services	(C) Compensat	ion
	-										
						·	-				
2 Total number of independent contractors \$100,000 in compensation from the organ	· .	not l	ımıte	ed to		se li O	stec	d above) who received n	nore than		
wrog, ood in compensation from the organ	nauvii -					.				Form 99 0	(2010)

Pa	rt VIII	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र ह	1 a	Federated campaigns	1a			<u> </u>		
e in		Membership dues	1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1c		į			
	d	Related organizations	1d					
	е	Government grants (contribut	tions) 1e					
	f	All other contributions, gifts, gran	nts, and					
호취		similar amounts not included abo	ove 1f	354,000.				ı
불월	g	Noncash contributions included in lines	s 1a-1f \$!
<u>2 P</u>	h	Total, Add lines 1a-1f			354,000.			
- {				Business Code				
ව	2 a							
<u>[</u> € <u>S</u> :	b			<u> </u>				
Program Service Revenue	С							
등의	d							
5	е			ļ				
۱ ۵	f	All other program service revi	enue	L				
\rightarrow	_ g	Total, Add lines 2a-2f						
	3	Investment income (including	dividends, intere	. 1	10 750	{		40 850
		other similar amounts)		>	13,759.			13,759.
	4	Income from investment of ta	ax-exempt bond p	proceeds		 		
1	5	Royalties	[_				
}	_	0 0	(i) Real	(ii) Personal		1		
ļ		Gross Rents						
1		Less rental expenses	<u> </u>	 				
	C	Rental income or (loss) Net rental income or (loss)	L					
Ì		Gross amount from sales of	(i) Securities	(II) Other				
1	/ a	assets other than inventory	272,618.					
	h	Less cost or other basis	2/2,010.	 				
	b	and sales expenses	263,889.	(
- 1		Gain or (loss)	8,729.					
		Net gain or (loss)	<u> </u>	•	8,729.			8,729.
٥		Gross income from fundraisir	na events (not		<u> </u>			07.25.
ě	-	including \$	•	}				
- S		contributions reported on line		1				
ا ت		Part IV, line 18	a	1			l	
Other Revenu	b	Less direct expenses	b			l	i	
0	С	Net income or (loss) from fun	draising events	•				
	9 a	Gross income from gaming a	ctivities See					
]		Part IV, line 19	а					
Ì	b	Less direct expenses	b			1		
ŀ	С	Net income or (loss) from gar	ming activities					L
1	10 a	Gross sales of inventory, less	s returns					l
-		and allowances	а					
- [b	Less. cost of goods sold	b					
	с	Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Reveni	ue	Business Code		1		
	11 a			<u> </u>		ļ		
	þ	<u> </u>				<u> </u>		
ļ	С			<u></u>				
l	d	All other revenue				 		
	е	Total. Add lines 11a-11d		▶		 		
0300	12	Total revenue See instructions.	·	<u> </u>	376,488.	0.	0.	
03200								Form 990 (2010)

Form 990 (2010) SEE FORWARD FUND, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	298,250.	298,250.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				 -
5	Compensation of current officers, directors,				
	trustees, and key employees	8,482.	6,786.	1,696.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,338.	31,470.	7,868.	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	16,582.	13,266.	3,316.	
С	Accounting	5,288.		5,288.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,869.		9,869.	
g	Other		-		
12	Advertising and promotion				
13	Office expenses	898.	718.	180.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,316.		1,316.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	ADMINISTRATIVE SERVICE	16,018.	12,815.	3,203.	
	TELEPHONE	1,033.	826.	207.	· · · · · · · · · · · · · · · · · · ·
c	DOADD BYDDMODO	658.	526.	132.	
d					
e					
f					
25	Total functional expenses. Add lines 1 through 24f	397,732.	364,657.	33,075.	0
26	Joint costs Check here I If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .		230,960.	1	113,132.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		59,095.	3	41,000.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, direct	ctors, trustees, key			
		employees, and highest compensated employees	. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3				
		employers and sponsoring organizations of sectio				
		employees' beneficiary organizations (see instruct	ions)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		971.	9	9,116.
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	761,514.	11	915,682.	
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	1,052,540.	16	1,078,930.
	17	Accounts payable and accrued expenses		9,357.	17	9,462.
	18	Grants payable		150,000.	18	10,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete Pa			21	
Liabilities	22	Payables to current and former officers, directors,				
Liat	i	highest compensated employees, and disqualified	persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	tnira parties	<u> </u>	24	
	25	Other liabilities. Complete Part X of Schedule D		159,357.	25	10 462
	26	Total liabilities. Add lines 17 through 25	e X and complete	139,337.	26	19,462.
		Organizations that follow SFAS 117, check here	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		893,183.		77,513.
lan	28	Temporarily restricted net assets		093,103.	27 28	981,955.
Ba	29	Permanently restricted net assets			29	901,933.
Ĕ	25	Organizations that do not follow SFAS 117, che	eck here		29	
Ē		complete lines 30 through 34.	and and			
S S	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ	inment fund		31	
t As	32	Retained earnings, endowment, accumulated inco	•	<u> </u>	32	
Š	33	Total net assets or fund balances	one, or other tulius	893,183.	33	1,059,468.
	34	Total liabilities and net assets/fund balances		1,052,540.	34	1,078,930.
		. State majorition and flot addetornatio balances			<u> </u>	Form 990 (2010)

Form **990** (2010)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
Name of organization			Em	ployer identification number
SEE FOR	WARD FUND, INC.			20-5490000
Part I-A Complete if the org	ganization is exempt under	section 501(c) o	r is a section 527	organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	zation's direct and indirect political	campaign activities in	Part IV ▶	\$69,000.
Part I-B Complete if the ord	ganization is exempt under	r section 501(c)(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax	-		>	\$
3 If the organization incurred a section				Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	ganization is exempt under	r section 501(c), e	except section 50	1(c)(3).
1 Enter the amount directly expende	d by the filing organization for secti	on 527 exempt function	n activities	\$
2 Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	tion 527	
exempt function activities			•	\$ 69,000.
3 Total exempt function expenditures	s Add lines 1 and 2 Enter here and	I on Form 1120-POL,		
line 17b 4 Did the filing organization file Form	4400 BOL (2.11)			\$ 69,000. X Yes No
5 Enter the names, addresses and ermade payments. For each organization contributions received that were properties.	•	rom the filing organiza separate political orgar	ucal organizations to whation's funds Also enter nization, such as a sepa	nich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0	contributions received and
WORKING FAMILIES PARTY	BROOKLYN, NY 11217	20-4994004	50,000	0.
OAKLAND RISING				
COMMITTEE SPONSORED	OAKLAND, CA 94612	14-1996986	15,000	0.
ELEANOR CHAVEZ FOR	ALBUQUERQUE, NM			
DISTRICT 13	87121	_00-0000000	4,000	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2010 SE	E FORWAR	D FUND, INC	•	20-	5490000 Page 2
Part II-A Complete if the organiz	zation is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under section	501(h)).				
A Check ▶ ☐ If the filing organization b	elongs to an affi	liated group.			
B Check ▶ if the filing organization of	hecked box A a	nd "limited control" pre	ovisions apply		
Limits on (The term "expenditure	Lobbying Expe)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	d lines 1c and 1d	ነ)			
f Lobbying nontaxable amount Enter the	amount from th	e following table in bot	th columns		
If the amount on line 1e, column (a) or (b) i	s The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,500,00	00 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Oyer \$1,500,000 but not over \$17,000,0	000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter 2	•				
h Subtract line 1g from line 1a If zero or l	•				
Subtract line 1f from line 1c. If zero or le	•				
j If there is an amount other than zero on		line 1i, did the organiz	ation file Form 4720		— —
reporting section 4911 tax for this year?					Yes No
(Some organization		eraging Period Under	[.] Section 501(h) n do not have to comp	ulata all of the five	
			es 2a through 2f on pa		
		nditures During 4-Ye		3,	
			I I I I I I I I I I I I I I I I I I I		
Calendar year (or fiscal year beginning in)	(a) 2007	(ь) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		-	ļ		
10					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(150% of line 2d, Colditiii (e))					
f Grassroots lobbying expenditures					
					1

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 SEE FORWARD FUND, INC. 20-5490000 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	3)	(t	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection	<u> </u>
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 ar		• • •		1
	"Yes."	·			
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical .	~		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c	-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	YC899		 	
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		3	1	
<u> </u>	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5,	and Don't II D	las 1. Als		
		and Part II-B,	line II. Als	o, complete	triis part
	ny additional information				
PA	RT I-A, LINE 1:		-		
mrr:	TIND WAVE DEDWIGGED B COMMENDATION OF DEVILE O	n			
TH.	E FUND MAKES PERMISSIBLE CONTRIBUTIONS ON BEHALF O	F CAND.	LDATES	AND	
OT	HER REGISTERED ORGANIZATIONS, WITHIN FEDERAL, STAT	E AND 1	LOCAL		
<u>ьI]</u>	MITATIONS FOR THE BENEFIT OF SOCIAL WELFARE, CONSI	STENT V	VITH 7	HE	
OR	GANIZATION'S PRIMARY PURPOSE.	<u>.</u>			

Schedule C (Form 990 or 990 EZ) 2010 SEE FORWARD FUND, INC. 20-5490000 Page 4 Part IV Supplemental Information (continued)
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:
WORKING FAMILIES PARTY
2 NEVINS STREET 3RD FLOOR BROOKLYN, NY 11217
a navino bindar sub radon brookbin, ni 11217
OAKLAND RISING COMMITTEE SPONSORED BY MOVEMENT STRATEGY CENTER ACTION FUND
1611 TELEGRAPH AVE STE 510 OAKLAND, CA 94612
1011 IEDEGRAPH AVE SIE SIO OARDAND, CA 94012
ELEANOR GUAVEZ FOR REGERECE 13
ELEANOR CHAVEZ FOR DISTRICT 13
1307 DEL MASTRO SW ALBUQUERQUE, NM 87121
Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

SEE FORWARD FUND, INC.

Employer identification number

D-	SEE FURWARD FUND, 1		1 20-5490000
Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor ad-	-	
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	derior devicer, or for any other purpose come	Yes No
Pa		nization answered "Ves" to Form 990, Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization	· ·	, 1110 7
•	Preservation of land for public use (e.g., recreation or ed		ally common and a set a second
	Protection of natural habitat	·	
	Preservation of open space	Preservation of a certified h	iistone structure
•		4	
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
	Total months of a control of		Held at the End of the Tax Year
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure.	• •	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the or	ganization's accounting for
Da	conservation easements t III Organizations Maintaining Collections of	Art Historical Tracquires or Other	Cimilar Assats
Га	- · · -		Similar Assets.
	Complete if the organization answered "Yes" to Form 9	·	
ıa	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibits a set of the forest and t		I public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treas		, provide
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

Sche		WARD FUND, Collections of A		orical Tr	easures, or	Other :				Page 2
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that a	re a signi	ficant us	se of its	collection	ıtems
	(check all that apply)				_	_				
а	Public exhibition	d	L	oan or excl	hange programs	3				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further ti	ne organization'	s exemp	t purpos	e ın Part	XIV	
5	During the year, did the organization solicit o	r receive donations	of art, his	orical trea	sures, or other s	sımılar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the d	organizatio	n answered "Ye	s" to Fo	rm 990, l	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for c	ontribution	s or other asset	s not inc	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	ble						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" to Fo	rm 990, Part IV,	line 10				
		(a) Current year	(b) Pri	or year	(c) Two years b	ack (d)	Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				_					
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%	-							
С	Term endowment >	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered	for the	organıza	tion	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedi	ıle R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X,	line 10			·			
	Description of investment	(a) Cost or o		(b) Cost	or other	(c) Accu	ımulated		(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Total	Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	Y colum	n (R) line 1	10/c))					0

Schedule D (Form 990) 2010

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat		190000	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		376	488.
						732.
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	2			244.
3	Excess or (deficit) for the year Subtract line 2 from line 1	•	3			
4	Net unrealized gains (losses) on investments		4		187,	<u>529.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		400	
9	Total adjustments (net). Add lines 4 through 8		9			529.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		<u> 10 </u> nue per	Return	166	285.
1	Total revenue, gains, and other support per audited financial statements			1	564	017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					<u> </u>
a	Net unrealized gains on investments	2a 18	37 <u>,5</u> 29			
b	Donated services and use of facilities	2b	,,,,,,	•		
-	Recoveries of prior year grants	2c		-		
ر د	Other (Describe in Part XIV)	2d		-		
d	·			\dashv \square	107	E 2 0
e	Add lines 2a through 2d			2e		.529. .488.
3	Subtract line 2e from line 1			3	3/6	400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV.)	4b		-		•
С	Add lines 4a and 4b			4c		0.
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses pe	<u> </u>		488.
1	Total expenses and losses per audited financial statements			1	397	732.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		7		
c	Other losses	2c		7		
d	Other (Describe in Part XIV)	2d		_		
e	Add lines 2a through 2d					0.
3	Subtract line 2e from line 1			3	397	732.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			<u> </u>		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b		-		
	Add lines 4a and 4b	<u> 40 </u>		ا ۵۰ ا		0.
_				4c	307	732.
Dai	t XIV Supplemental Information			5	331	134.
		U bass to said 4 D		1h 1 Oh	Dod V. Iron	4 Ded
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp RT X, LINE 2: THE ORGANIZATION ACCOUNTS FO	plete this part to pro	ovide any a	dditional in		4, Pan
<u>AC</u>	CORDANCE WITH THE ACCOUNTING STANDARDS COD	IFICATION	(ASC)	TOPIC	CINCOL	<u> IE</u>
TA	KES. THESE PROVISIONS PROVIDE CONSISTENT	GUIDANCE I	FOR TH	E ACC	OUNTING	3
FO	R UNCERTAINTY IN INCOME TAXES RECOGNIZED I	N AN ENTI	ry's f	INANC	IAL	
ST	ATEMENTS AND PRESCRIBE A THRESHOLD OF "MOR	E LIKELY	THAN N	OT" FO	OR	
REC	COGNITION AND DERECOGNITION OF TAX POSITIO	NS TAKEN (OR EXP	ECTED	TO BE	
TA	KEN IN A TAX RETURN. THE ORGANIZATION PER	FORMED AN	EVALU	ATION	OF	
UN	CERTAIN TAX POSITIONS FOR THE YEAR ENDED D	ECEMBER 3	1, 201			00) 0040
03205	4			Schedul	e D (Form 9	90) 2010

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2010 2010	Open to Public
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Inspection

BUILDING; DIRECT LOBBYING å Employer identification number 20-5490000 PLANNING AND COALITION DIRECT AND GRASSROOTS GRASSROOTS AND DIRECT (h) Purpose of grant SRASSROOTS LOBBYING RASSROOTS LOBBYING or assistance X Yes DIRECT LOBBYING Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OBBYING OBBYING recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) ٥. ö ö 。 o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 20 000 83,000 35,000 35,000 26,250 30,000 (c) IRC section if applicable 501 (C) (3) 501 (C) (4) Enter total number of section 501(c)(3) and government organizations INC. 11-2644562 14-1996986 94-3252009 02-0779812 04-3507714 General Information on Grants and Assistance SEE FORWARD FUND (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations CENTER FOR HUMAN RIGHTS - 344 40TH NEIGHBOR TO NEIGHBOR MASSACHUSETTS 1 (a) Name and address of organization ACTION FUND - 8 BEACON STREET 4TH FUND - 1611 TELEGRAPH AVENUE STE MOVEMENT STRATEGY CENTER ACTION COMMUNITIES UNITED: ELLA BAKER WORKING FAMILIES ORGANIZATION CITIZEN ACTION OF NEW YORK 2 NEVINS STREET 3RD FLOOR FLOOR - BOSTON, MA 02108 or government 510 - OAKLAND, CA 94612 CENTER FOR CIVIC ACTION ST - OAKLAND, CA 94609 ALBUQUERQUE, NM 87125 Name of the organization BROOKLYN, NY 11217 94 CENTRAL AVENUE ALBANY NY 12206 PO BOX 27616 Part I Part II

Schedule I (Form 990) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

20-5490000

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(b) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: GRANT	AGREEMENT	rs require	ALL GRANT	GRANT AGREEMENTS REQUIRE ALL GRANTEES TO COMPLY	
VITH FEDERAL AND LOCAL STATUTES AN	ID SPECIFY	Z ANY PART	AND SPECIFY ANY PARTICULAR REQUIREMENTS	JIREMENTS	
ASSOCIATED WITH A GRANT AWARD. GR	ANTEES M	GRANTEES MUST FILE REPORTS	EPORTS BET	BETWEEN 10 AND	
12 MONTHS AFTER THE AWARD TO DESCRIBE	- 1	OUTCOMES A	ALL OUTCOMES ASSOCIATED WITH THE	итн тне	
FRANT. GRANTEES WHO DO NOT FILE R	REPORTS ON A	N A TIMELY	BASIS	ARE NOT ELIGIBLE	
OR FUTURE GRANTS. THE PROGRAM TEAM	AM EXAMINES	VES ALL GRANTEE	ANTEE REPORTS	RTS AND	
OLLOWS UP AS NEEDED.					

Schedule I (Form 990) (2010)

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

SEE FORWARD FUND, INC.

Employer identification number

SEE FORWARD FOND, INC. 20-5490000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVOCACY ON ISSUES OF SOCIAL JUSTICE, ENVIRONMENTAL PROTECTION, CIVIL
RIGHTS AND CIVIC PARTICIPATION.
FORM 990, PART VI, SECTION B, LINE 11: AT LEAST TWO DIRECTORS/OFFICERS
INCLUDING THE TREASURER REVIEW THE RETURNS WITH THE DIRECTOR OF FINANCE AND
THE 3RD PARTY AUDITORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION REGULARLY AND
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY. AT EACH BOARD MEETING, THE BOARD MEMBERS ARE REQUIRED TO UPDATE
THEIR CONFLICT OF INTEREST STATEMENT. THE SIGNED STATEMENTS ARE ATTACHED
TO THE BOARD MINUTES AND FILED. BOARD MEMBERS ABSTAIN FROM VOTING ON ANY
ISSUES RELATED TO ORGANIZATIONS AND GRANTS TO WHICH THEY HAVE AN
AFFILIATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION REPLIES TO ANY
REQUEST FOR INFORMATION. ITS TAX RETURN IS AVAILABLE FOR VIEWING VIA
GUIDESTAR, AMONG OTHER SITES THAT COMPILE SUCH INFORMATION.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 187,529.
FORM 990, PART XII, LINE 2C
THE OFFICERS AND DIRECTORS OF THE ORGANIZATION REVIEW THE AUDIT PROCESS
AND COMPILATION OF THE FINANCIAL STATEMENTS IN ADVANCE OF THE AUDIT,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-5490000

Direct controlling

entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity INC. SEE FORWARD FUND, Name, address, and EIN of disregarded entity Name of the organization Part

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling entity Public charity status (if section 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) ENV, SOCIAL & INT'L POLICY DELAWARE EDUCATION ON MATTERS OF Primary activity RESEARCH AND PUBLIC SOLIDAGO FOUNDATION - 20-2963670 Name, address, and EIN of related organization 150 MAIN STREET SUITE 24 NORTHAMPTON, MA 01060

Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2010

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20-5490000 Schedule R (Form 990) 2010 SEE FORWARD FUND,

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Name, address, and EIN Primary activity of related organization					•	6	:: -	5	3	3
			Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
	for	foreign country)		sections 512-514)		2000	Yes No	K-1 (Form 1065)	Yes No	
							<u> </u>			
		<u></u>								
		-				1				
		•								
									_	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	s Taxable as a r trust during th	Corpora le tax ye	ation or Trust (Con	nplete if the organization	on answered "Yes	" to Form 990, Pa	art IV, line 34	because it had or	ы ог то	re related

	£	Percentage ownership								
	(6)	Share of end-of-year assets								
	(J)	Share of total income				-				
	(e)	Type of entity (C corp, S corp, or trust)		 						
	(q)	(state or foreign country) (copp. S corp, or furest)								
	(c)	Legal domicile (state or foreign country)						 -		
ed)	(q)	Primary activity								
organizations treated as a corporation or trust during the tax year)	(a)	Name, address, and EIN of related organization								

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

						l
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	å
1 During the tax year, did the organization engage in any of the following transaction	is with one or more r	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?			
a Beceipt of (i) interest (ii) annuities (iii) rovalities or (iv) rent from a controlled entity				1		×
				÷		×
				Ş	×	
c Gill, grant, of capital contribution from ourse organization (s)				2	:	
d Loans or loan guarantees to or for other organization(s)				₽		×
e Loans or loan guarantees by other organization(s)				1e		×
Cala of assats to other organization(s)				÷		×
Card of abodis to office organization(s)				<u>,</u>		>
g Purchase of assets from other organization(s)				<u>5</u>	1	4
h Exchange of assets				두		×
i Lease of facilities, equipment, or other assets to other organization(s)				; =		×
i Lease of facilities, equipment, or other assets from other organization(s)				1,		×
b Deformance of sequences or membership or fundraising solicitations for other organization(s)	ization(s)			¥		×
	ization(s)			=	×	:
Change of foodbase services to member late or other proofs	(2)			<u>ξ</u>	×	
m origing of facilities, equipment, maining lists, of other assets					;	
n Sharing of paid employees				Ę	≺	
					;	
 Reimbursement paid to other organization for expenses 				9	×	
p Reimbursement paid by other organization for expenses				4		×
A Other transfer of cash or property to other organization(s)				Ş		×
				+		×
	+ ofolomon to m odie	Corono contribution and aid	options and transaction thresholds			
I The answer to any of the above is 16s, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	wilo musi complete t	ils iiile, iiiciddiiig covered	leignonstrips and transaction unestions.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)				8		
	•••					
(5)						
(9)						
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20-5490000

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Schedule R (Form 990) 2010 SEE FORWARD FUND, INC.

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(a)	(0)	(D)	(e)	Θ	(6)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	-Jo-pu		Code V-UBI	General or
of entity		(state or foreign	section 50 1(c)(3) organizations?		tionate allocations?	amount in box 20 of Schedule K-1	managing partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
							. <u>-</u>
						_	
					-		_

Schedule R (Form 990) 2010